

CANCER CONTROL SURVEY 2025

How have recent external events affected your work in cancer control?

AFRICA



“The recent decline in global health funding, because of increasing entrenchment and reactionary politics in the West, is expected to affect funding of many cancer researchers and cancer projects in Africa. Despite this bleak outlook, many cancer researchers and policymakers are optimistic that this decline in global funding is a unique opportunity and will spur African governments to deliver on two commitments: on health spending and on research and development (R&D) spending. On 27 April 2001, African Union (AU) governments adopted the Abuja Declaration, a commitment to allocate at least 15% of national budgets to the health sector. In 2006, a second commitment was made by member countries of the AU to spend 1% of their GDP on R&D. African governments continue to significantly fall short of honouring these two commitments. There is now hope in the continent that the shocks of declining global health funding, and the increasingly complicated and tenuous geopolitical ecosystem, will bring about the necessary reckoning that only through local spending on health and research, and through local innovation, will African countries create the infrastructure needed for locally relevant upscaling of health systems and noncommunicable disease (NCD) response, including cancer control.”

Professor Nazik Hammad, Division of Hematology-Oncology
St Michael's Hospital, University of Toronto

ARGENTINA



“The current global health crisis is significantly disrupting the international agenda. In Latin America, this is evident through delays, budget constraints, and limited progress in national cancer plans. Ongoing initiatives and research funded by US organizations are also almost paralyzed. Many collaborations and discussions are on hold, pending clarity on future measures. For instance, in Argentina, the government has effectively shut down the National Cancer Institute and, following the US decision, resigned from the World Health Organization (WHO) system. Similar adverse decisions are emerging across the region. While

streamlining global health efforts may enhance efficiency and cut costs, such actions must be grounded in strategic, well-informed decisions, rather than rushed or unconsulted measures.”

Professor Eduardo Cazap, Founder and President, Latin American and Caribbean Society of Medical Oncology (SLACOM)

COLOMBIA



“As a researcher, I work with vulnerable women's communities, aiming to strengthen their ability to prevent cervical and breast cancer. Over the past decade, Colombia's research landscape has experienced a complete disruption. Universities relied solely on external funding to conduct research that integrated regional communities. Tragically, all opportunities to apply for these external funds ceased suddenly at the start of this year. This has utterly dismantled research groups; many expectations have been put on hold, and it has become incredibly difficult to motivate students to pursue their careers.”

Professor Gloria Sanchez, Co-ordinator, Infection and Cancer Group, Faculty of Medicine, University of Antioquia, Medellin, Columbia

THE COMMONWEALTH



“Recent geopolitical instability and declining official development assistance (ODA) have placed considerable strain on cancer control efforts in many Commonwealth low- and middle-income countries. These external pressures are forcing governments to make difficult health spending decisions, often to the detriment of NCD programmes, including cancer. In response, the May 2025 Commonwealth Health Ministers Meeting discussed innovative financing strategies aimed at building more resilient and sustainable health systems. Together with these, the forthcoming Lancet Oncology Commission on Cancer in the Commonwealth, which is expected to be published by autumn 2025, is another opportunity, as it will provide timely, evidence-based guidance tailored for resource-constrained settings. With budgets

tightening, equitable partnerships and coordinated action across the Commonwealth remain key to sustain meaningful progress in cancer control.”

Janneth Mghamba, Health Advisor, Commonwealth Secretariat

DENMARK



“Its ‘a time of trouble’. The withdrawal of US contributions to WHO has had a real knock-on effect. Faced with the need to make severe cuts, WHO’s European Office (EURO) has decided to deprioritize NCD control, keeping only primary prevention teams on alcohol, tobacco, and nutrition, but ending the work on early detection, diagnosis, and treatment of cancer, cardiovascular disease, diabetes, and respiratory disease, as well as disease-specific control plans, with termination of the relevant staff contracts. Formerly, EURO held the responsibility for attending to the NCD control needs of 53 countries, including the EU, Western Balkans, and former Soviet Union countries. Ending this important assistance may be an unintended consequence of President Trump’s policy.”

Marilys Corbex, WHO Europe Office Copenhagen

EASTERN MEDITERRANEAN REGION



“Ongoing armed conflict and humanitarian crises have severely disrupted cancer care in our region. This year has seen increased damage to health facilities and more frequent attacks on healthcare workers, while substantial reductions in global health aid have further strained already fragile systems. These challenges have caused significant delays in treatment, leading to more advanced disease and higher mortality rates. Continued blockades and limited humanitarian access further restrict essential cancer services, and without urgent international intervention, disparities in cancer care within conflict zones will continue to grow.”

Ibtihal Fadhil, President, Eastern Mediterranean Region NCD Alliance

EGYPT



“Persistent geopolitical instability around Egypt has reinforced the case for national, self-reliant cancer programmes. Launching population screening is capital-intensive, and return on investment may not appear for several years, therefore challenging within the current context. Conflict-driven displacement obliged us to extend screening and treatment to refugee communities. These stresses accelerated the uptake of AI-enabled diagnostics to curb costs and turnaround times. Sustaining progress

now depends on close partnership with nongovernmental organizations across the cancer control continuum.”

Khaled Kamal, Egypt

FRANCE



“Recently, with the suppression of US AID programmes, it seems more difficult to obtain some funds from donors for cancer programmes. Private donors are solicited to give money to replace USAID for the struggle against hunger or to maintain vaccination programmes. For this reason, less funds are available to support care and research on cancer. It is hoped that African governments will understand the need for more support from the ministries of health in each country.”

Laurence Desjardins, President, Alliance Mondiale Contre Le Cancer (AMCC)

INDIA



“The COVID-19 pandemic posed significant challenges to cancer control programmes in India. The Government of India has a strong commitment to comprehensive cancer care, encompassing prevention and screening, treatment, and palliative care. The universal coverage approach, through Ayushman Bharat and state schemes, remains a cornerstone of the nation’s commitment to equitable cancer care.

However, the pandemic led to hospital overloads, postponed routine cancer screenings, and delayed many critical treatments. Healthcare providers at my place of work, particularly in palliative care, observed a concerning rise in patients presenting with advanced-stage cancers and prolonged suffering for many months to come. This was particularly distressing among children with potentially curable cancers who, due to missed follow-ups, returned with more aggressive disease that could have been prevented with timely intervention.

These disruptions exposed vulnerabilities and reminded us of the need for stronger preparedness strategies to withstand the shock of any future pandemics, disasters, or wars.”

Gayatri Palat, Associate Professor, Pain and Palliative Medicine, MNJ Institute of Oncology and Regional Cancer Centre, Hyderabad, India

JAMAICA



“While I haven’t been directly impacted by current changes, I face uncertainty regarding future research funding accessibility. The ongoing governmental shifts appear aimed at restructuring research approaches rather than restricting specific research

areas – a reset I understand and support. However, this transition period creates challenges in identifying stable funding sources for cancer research, particularly for projects addressing disparities in underserved populations. Despite this uncertainty, I remain optimistic that these changes will ultimately strengthen cancer control efforts through more efficient resource allocation and clearer research priorities.”

Simone Badal, Senior Lecturer Department of Basic Medical Sciences, The University of the West Indies

LEBANON



“Lebanon’s cancer care is destabilized by economic collapse, political conflicts, and global supply disruptions. The recent regional war resulted in drug shortages, increased reliance on aid, and delayed access to treatment. In war zones, destroyed homes, damaged infrastructure, and disrupted transport have displaced patients and affected cancer care delivery. These factors combined have further weakened Lebanon’s already fragile healthcare infrastructure and depleted essential resources.”

Ali Shamseddine, Professor of Hematology-Oncology, American University of Beirut Medical Center, Lebanon

“The regional and local conflicts, economic collapse, and donor fatigue have critically impacted cancer control in Lebanon. Medication shortages, reduced government funding, and mass healthcare migration jeopardize access to lifesaving cancer treatments, especially for children. While resilience is often praised through the work of civil societies like the Children’s Cancer Center of Lebanon (CCCL), it should not replace urgent health services structural solutions and coverages. We urgently need increased global solidarity with local cancer communities, governmental and international institutions’ investment in sustainable systems, and prioritization of affordable, high-quality medicine to ensure that cancer care is not an ongoing casualty of regional instability.”

Mrs Hana Chaar Choueib, General Manager, Children’s Cancer Center of Lebanon

MALAYSIA



“The honest truth is that recent global events are not affecting me or my country, so I would have to say that work goes on as usual. Whether or not the tariffs have caused prices of drugs and medical supplies to increase is not apparent yet. Maybe it will become more apparent later.”

Dr Yip Cheng Har, Consultant Breast Surgeon, Ramsay Sime Darby Health Care, Malaysia, and Lead Clinician, Breast Cancer Research Programme, Cancer Research Malaysia

NIGERIA



“Recent external events, such as COVID-19, and shifts in global development funding have created significant challenges for cancer control efforts. This shift is driven by growing nationalism in Europe and the United States. The changes have led to a substantial decline in funding for NCDs, including cancer.

Overall, there is a growing demand for increased domestic resource mobilization, and Nigeria is responding positively to this; however, the long-term effects are likely to disrupt the research, care, and treatment pipeline.”

Professor Isaac F Adewole, Chairman, National Task Force on Cervical Cancer Elimination, National Institute for Cancer Research and Treatment (NICRAT), Nigeria

SOUTH AFRICA



“Recent geopolitical developments, including US trade sanctions and USAID funding cuts to HIV control programmes and medical research programmes, have strained South Africa’s health programmes. A sluggish economy further strains resources, with the result that the government may redirect limited funds from cancer control to HIV care. Cancer control non-profit organizations are under pressure, facing fierce competition for resources, reduced funding, and increased service demands, prompting strategies including diversified funding, strengthening financial oversight and stakeholder engagement, and collaborations with partners to sustain cancer control efforts. Advocacy for equitable health policies and protecting vulnerable populations remain critical in this challenging environment.”

Elize Joubert, CEO, The Cancer Association of South Africa (CANSA)

UICC



“Addressing the growing cancer burden requires sustained investment in research and global collaboration. Cutting funding and withdrawing support from major international organizations threaten the progress made in cancer and put lives at risk. Countries that have led in cancer research and invested in health systems, especially in low- and middle-income countries, must reflect on the long-term consequences. Beating cancer demands strong and sustained efforts, because no one should die from a preventable cancer, and everyone deserves access to essential treatment and care.”

Shalini Jayasekar Zurn, Senior Advocacy Manager, Union for International Cancer Control (UICC)

UK



“The US withdrawal from global health and development, as well as reductions in high-income overseas development assistance (as these countries pivot to defence spending), has triggered the largest contraction and re-organization of health aid for decades. The “perfect storm” of post pandemic, conflicts, and US withdrawal has resulted in some US\$ 10 bn being wiped off the last 10-year average, with a decline of some 40% in 2025. For many countries, money earmarked for cancer will now be re-allocated to other more urgent priorities. Looking forward, countries will need to rely on their domestic resource mobilization, along with an increasing reliance on multi-lateral development bank support through a mixture of grants blended with concessional loans.”

Professor Richard Sullivan, Cancer Policy & Global Health, Kings College London, UK and Director, Kings Institute of Cancer Policy, UK

“Events around the world impact greatly on our work in cancer control for children. Disruption, along with limited access to treatment for children, has increased the need for palliative care. Yet access to palliative care is challenging due to a lack of essential medicines, trained personnel, and resources. We are having to learn how to provide palliative care in humanitarian crises settings due to armed conflict, climate change, migration, and uncertainty, along with strengthening existing and developing new collaborations.”

Professor Julia Downing, Chief Executive, International Children’s Palliative Care Network (ICPCN)

“The current situation is extremely concerning and is impacting the doctors who we work with across the world. The slashing of cancer control and global health initiatives is shocking and depressing. People are trying to adjust to a new reality that they hope won’t last too long. ecancer.org is receiving record numbers of visitors, with our free educational resources aiming to offer whatever support we can. We all hope for a more positive future.”

Danny Burke, CEO, ecancer.org

“The impact that the conflicts in Ukraine, Gaza, and other areas of the world are having on cancer patients is catastrophic. In the European Cancer Organisation’s Focussed Topic Network on Emergencies and Crises we have been working together in a coalition of the willing to ensure that cancer patients do not become the innocent victims in conflict zones throughout the world.”

Mark Lawler, Professor of Digital Health, Queen’s University Belfast and Co-Chair, European Cancer Organisation’s Focussed Topic Network on Emergencies and Crises

USA



“For 30 years, I have supported childhood cancer professionals and parent stakeholders with limited resources to attend international conferences, share their experiences, and have a voice in refining treatment to achieve the most effective care in their settings. Since 2024, xenophobia-driven restricted travel policies, rising costs of protectionist taxation, and ongoing conflicts and humanitarian emergencies mean far fewer can travel, thus adversely affecting our community’s efforts to strive for worldwide equity in successful childhood cancer care.”

Julia Challinor, consultant for multiple international projects on childhood cancer and pediatric oncology nursing

“The all-out attack on biomedical sciences, global health and equity research, and anything to do with sex and gender has felt like a massive gut-punch to all who work in cancer research and global women’s health. However, it also serves to remind us of the fragility of all things, and our duty to carry on, one way or another!”

Ophira Ginsburg, Provost’s Visiting Professor of Global Cancer Equity, Imperial College London, UK

“Recent external events have had a major impact on our work on cancer control. The biggest impact has been in delays of funding. Trainees and collaborators have also been impacted by uncertainties. However, new opportunities have also emerged, including major investment in the use of AI and quantum technology tools that will reshape the future of global cancer control.”

Wil Ngwa, Director, Global Health Catalyst

ACCESS TO MEDICINE FOUNDATION



“At the Access to Medicine Foundation, we closely track how pharmaceutical companies are progressing on access, particularly in low- and middle-income countries. Recent global events including political efforts that undermine the FDA and threaten NIH-funded research are not just a domestic issue. These shifts risk slowing the pace of innovation and disrupting the global R&D ecosystem, with knock-on effects for access to life-saving cancer treatments in underserved communities.”

Jayasree K Iyer, CEO, Access to Medicine Foundation, The Netherlands